SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4s, and 4b. Print your name and address on the reverse of this form so that we can return this card to you. Attach this form to the front of the malipiece, or on the back if space does not permit. Write "Return Receipt Requested" on the malipiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.		I also wish to receive the following services (for an extra fee):
		Addressee's Address Restricted Delivery Consult postmaster for fee.
3. Article Addressed to: Conuncially Prodice Hetropic, The. 589 W. Gaines Hordicello, AR 11665	4b. Service 1 Registere Express	Type Insured Sept for Merchandise COD
5. Reserved By: (Print Name) 6. Signature: (Addressee or Agent)	8. Addresses and fee is	s's Address (Only if requested paid)
PS Form 3811, December 1994		Domestic Return Receipt

	90.111	
DOCKET NO.		ORDER DATED
		04-2199
P068707056	CERTIFIED	FEE 99 220
000702000	CEKIIIIED	MIMEOGRAPH NO.
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RETURN	RECEIPT	REQUESTED
REJURN	© CELL I	REGULIED
NAME:	# . Dali 11	C. R. R. NO.
- Connu	MILL STORIO M	etwork, Inc.
039 CD. (JAI neg	***************************************
MENLIGELLA	5, AR 7165-4-	
FCC Form 55 May 1990	-22417 JIMOD-	=====================================
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P 068 702 056

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CONTRACTOR OF STREET

Receipt for
Certified Mail
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

	(See Reverse)					
	Street and No.	ia Notronk aines				
	P.O. State and ZIP Code APPOstage	3 41645				
		\$77				
	Certified Fee	1.40				
S Form 3800, June 1991	Special Delivery Fee					
	Restricted Delivery Fee	2.5				
	Return Receipt Showing to Whom & Date Delivered	1.25				
	Return Receipt Showing to Whom, Date, and Addressee's Address					
	TOTAL Postage A. & Fees	\$5.42				
380	Postman of Date O	original de la companya de la compa				
orm orm	The Sol					
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